



**THE STATE BAR OF CALIFORNIA  
COMMITTEE OF BAR EXAMINERS/OFFICE OF ADMISSIONS**

180 Howard Street · San Francisco, CA 94105-1639 · (415) 538-2300  
1149 South Hill Street · Los Angeles, CA 90015-2299 · (213) 765-1500

**INSTRUCTIONS FOR APPLICATION FOR  
EXTENSION OF DETERMINATION OF MORAL CHARACTER**

**Please carefully read these instructions.** Each applicant is required to be aware of all requirements that follow and to comply with each one that is applicable. The completed application form **must be typewritten or legibly printed in ink.**

In answering questions appearing on the Application for Extension of Determination of Moral Character, applicants should consider the following:

Rule 4.40, Title 4, Division 1, Chapter 4 of the *Rules of the State Bar of California (Admissions Rules)* states:

- (A) An applicant must be of good moral character as determined by the Committee. The applicant has the burden of establishing that he or she is of good moral character.
- (B) "Good moral character" includes but is not limited to qualities of honesty, fairness, candor, trustworthiness, observance of fiduciary responsibility, respect for and obedience to the law, and respect for the rights of others and the judicial process.

Rule 4.41(A) of the *Admissions Rules* states:

"...An attorney who is suspended, disbarred, or otherwise not in good standing in any jurisdiction may not submit an application."

**RULES OF THE STATE BAR OF CALIFORNIA**

The Application for Extension of Determination of Moral Character will be processed in accordance with Title 4, Division 1, of the Rules of the State Bar of California (*Admissions Rules*). The *Admissions Rules* are available online (<http://rules.calbar.ca.gov/Rules/Title4AdmissionsandEducationalStandards.aspx>), or upon request from the Office of Admissions.

**SUBMITTING THE APPLICATION**

After completing and signing the application form, the form, fingerprint cards or a completed *Request for Live Scan Service* form, any necessary attachments and correct fees in the form of a personal check, cashier's check or money order payable to The State Bar of California must be mailed in an envelope to the following address:

Office of Admissions  
The State Bar of California  
1149 South Hill Street  
Los Angeles, CA 90015-2299

**FEES AND FILING INFORMATION**

Application for Extension of Determination of Moral Character **\$240.00**

**THE FEES ARE SUBJECT TO CHANGE**

The payment coupon must be detached from the application form and completed. The applicant's name, file number, and amount paid must be written on the coupon. **Checks should be made payable to *The State Bar of California*.**

## RETURNED CHECKS

A charge of \$20.00 will be assessed when checks are not negotiated and are subsequently returned. **Stopping payment on a check or dishonoring a check does not constitute withdrawing an application. Applicants who do so will be required to return the fees and pay any additional fees required with a money order or cashier's check prior to being allowed to file any application in the future.**

## APPLICATION FOR EXTENSION

When an Application for Determination of Moral Character is about to expire, in order to avoid completing that form again, an applicant must submit an Application for Extension of Determination of Moral Character (extension application). An extension application must be filed by an applicant no sooner than every 30 months and no later than every 36 months after an initial determination of good moral character has been made by the Committee of Bar Examiners ("Committee"), and after each subsequent determination, until such time as the applicant is certified for admission to practice law in California. The extension application must be accompanied by the fee specified in the schedule of fees published by the Committee and by two sets of fingerprints or a completed *Request for Live Scan Service* form. The extension application must be submitted in substantially complete form as defined by the Committee, and must be received in the Los Angeles Office of Admissions **on or before** the expiration date.

## REAPPLICATION SUBSEQUENT TO RECEIPT OF AN ADVERSE MORAL CHARACTER DETERMINATION OR WITHDRAWAL UNDER CHAPTER 4 OF THE ADMISSIONS RULES

Following the expiration of the designated time period, applicants who have received an adverse moral character determination or withdrew their application under Chapter 4 of the *Admissions Rules* (Moral Character) must file a complete Application for Determination of Moral Character online.

## COMPLETION OF INVESTIGATION

Applications for Extension of Determination of Moral Character generally will be processed in a **minimum of 180 days**, unless there are issues in an applicant's background that require further investigation and/or review by the Committee.

**Failure to file your extension application in a timely manner could delay your admission to practice law.**

During the course of each investigation, the Committee routinely contacts many sources and outside agencies; therefore, staff is not in a position to provide information on the status of the investigation until approximately 120 days have elapsed. If in the course of the investigation staff requires further information or documentation, applicants will be contacted prior to the completion of the investigation. All applicants will receive written notification when the investigation has been completed.

Any questions regarding the status of an application after the lapse of 120 days should be made in writing rather than by telephone.

## COMPLETION OF APPLICATION

**All questions on the application must be answered.** If a certain question does not apply to an applicant, the applicant should so indicate this and explain. Before filing the application, applicants should check to ensure that all questions have been answered, all applicable forms have been completed and attached and the application is signed. All pages of the application, including any unused forms, must be returned. The application must be signed, the correct fee included, and a completed *Request for Live Scan Service* form or two (2) completed fingerprint cards with the Request for Exemption From Mandatory Electronic Fingerprint Submission Requirement form must be included. Any application not meeting these requirements is considered incomplete, and will not be considered filed until it is brought to a complete status. The application must be received in the Office of Admissions **within 30 days** of the date the application was signed. If it is not received within 30 days of the date the application was signed, the application will be returned to the applicant with a blank Authorization and Release form **that the applicant will be required to complete, sign and return to the Office of Admissions, along with the application.**

If the application form does not provide sufficient space for the response to any question, the response should be continued on a separate piece of paper and attached to the back of the application.

Each applicant should retain a copy of his/her completed application for reference in the event that another application must be filed in the future.

## APPLICATION ABANDONMENT

Applications for Extension of Determination of Moral Character (Extension Application) that are not brought to a complete and filed status within 60 days of receipt will be abandoned. This includes the lack of requisite fees, signature, or either two completed fingerprint cards or a completed *Request for Live Scan Service* form. Once an extension application is in filed status, if the applicant receives notice to provide information and or documentation but does not provide such information/documentation within 90 days of the request, the extension application will be abandoned. No refund of fees will be paid in the event a moral character extension application is abandoned.

## ATTACHMENTS

**All supporting documents must be attached to the back of the application. Other letters or requests of any kind must be sent under separate cover.**

## PROOF OF ADMISSION (All Attorney Applicants)

Proof of admission (a current original Certificate of Good Standing) from each jurisdiction (except federal courts) to which the applicant has been admitted must be filed with **each** extension application. The certificate must be issued by the jurisdiction within six (6) months of the date the extension application is filed in order to be considered current. Attorneys whose status is inactive must submit a letter from the jurisdiction confirming no disciplinary action.

## APPLICATION UPDATING

Applicants for admission to practice law in California have a continuing duty to update responses to questions on the application whenever there is an addition to or change in information previously furnished. The applicant will not be eligible for certification until the application is current.

## REFERENCES

Confidential Questionnaires and reference letters will be mailed by the Office of Admissions to references, employers and law schools listed on the application. In order to decrease the likelihood of a possible administrative delay in admission, all confidential questionnaires and reference letters must be returned to the Office of Admissions as soon as possible.

**Please note:** Contacting employers is part of the administrative screening process required of all applicants pursuant to Chapter 4 of the *Admissions Rules*. The application will not be accepted unless an applicant is willing to have his or her employers contacted.

## APPLICATION ACKNOWLEDGMENT

An application acknowledgment letter will be sent within four weeks after receipt of an application. Applicants who do not receive an acknowledgment letter should contact the Office of Admissions.

## WITHDRAWAL OF APPLICATION

Withdrawal of extension applications and requests for refunds received within 30 days after receipt of the application will be honored with a 60% refund of all fees paid in conjunction with the application.

An applicant may withdraw his or her application at any time prior to being notified that a determination of moral character cannot be made because of the need for further inquiry and analysis. An applicant may withdraw his or her application after receipt of such notice only with the consent of the Office of Admissions.

## FINGERPRINTS

State law mandates that the State Bar of California "...require that an applicant for admission or reinstatement to the practice of law in California be fingerprinted in order to establish the identity of the applicant and in order to determine whether the applicant or member has a record of criminal conviction..." An extension application will not be considered complete without the appropriately processed fingerprints.

## **Live Scan Processing**

Applicants who reside in California must submit fingerprints via **Live Scan technology**. Please see **Fingerprint Instructions for California Residents** below.

## **Fingerprint Card Processing**

Applicants residing outside of the State of California must submit prints on **fingerprint cards (FD-258) with a Request for Exemption from Mandatory Electronic Fingerprint Submission Requirement form**. Please see Fingerprint Instructions for Out-of-State Residents.

An applicant's fingerprints will be used solely to determine whether or not the applicant has a prior criminal record. The Committee will request that the criminal justice agencies return the fingerprints of all applicants and that the agencies neither copy the fingerprints nor disseminate them to others nor use them for any other purpose. Pursuant to Business and Professions Code Section 6054, the fingerprint cards of applicants who are admitted to practice law in California are retained for the limited purpose of criminal arrest notification.

## **Fingerprint Instructions for California Residents (Live Scan Technology)**

Live Scan technology replaces the process of recording an individual's fingerprints on fingerprint cards. With Live Scan, applicants must complete the *Request for Live Scan Service* form, a copy of which is on page 6 of these instructions, and take it to an agency that provides fingerprinting services. At the agency, a trained operator enters the information from the *Request for Live Scan Service* form into the Live Scan terminal and initiates the live scan fingerprinting process.

Applicants must print three (3) copies of the *Request for Live Scan Service* form. **The three copies must be taken to an agency providing Live Scan services with a valid photo identification (expired photo identification cards will not be accepted).** The Live Scan operator must complete the last section of the *Request for Live Scan Service* form on all three copies. The original copy is retained by the Live Scan operator, the second copy is attached to the completed Extension Application and the third copy is to be retained by the applicant. The list of agencies providing Live Scan fingerprinting services in California may be obtained through the Office of the Attorney General-California Department of Justice website (<http://ag.ca.gov/fingerprints/publications/contact.htm>).

If an applicant's prints are rejected because of poor quality, the applicant will be asked to return to the original printing agency for re-printing. The applicant is to take his/her copy of the *Request for Live Scan Service* form and a copy of the rejection notice sent to him/her by the Admissions Office. The printing agency will scan new prints and forward them to the Department of Justice for processing. The "re-printing" service fee will be waived. Failure to provide the two stated documents will result in a service charge for re-printing.

### **Instructions for Completing the Request for Live Scan Service form**

Note: The paper copy of your Moral Character Application must be received within 90 days of the date you complete the livescan process. Otherwise, your Application for Extension of Determination of Moral Character will be considered incomplete, and you will be required to complete the fingerprint process again.

1. **Name of Applicant:** Enter full name
2. **AKA's:** Enter any other names used
3. **Date of Birth:** Enter date of birth (*mm/dd/yyyy*)
4. **Sex:** Check appropriate gender box: Male or Female
5. **Height:** Enter height; Express in Feet and Inches respectively. (Do not use fractions of an inch; round off to the nearest inch. Examples: 5'11", 6'0")
6. **Weight:** Enter weight; Express in pounds. (Do not use fractions of a pound; round off to nearest pound. Examples: 94 lbs., 186 lbs.)

7. **Eye color:** Enter eye color

Black	BLK	Green	GRN
Blue	BLU	Hazel	HAZ
Brown	BRN	Maroon	MAR
Gray	GRY	Pink	PNK

**Hair color:** Enter hair color

Bald	BAL	Gray or Partially	GRY
Black	BLK	Red or Auburn	RED
Blond or			
Strawberry	BLN	Sandy	SDY
Brown	BRN	White	WHI

8. **Place of Birth:** Enter city, state, and country.

9. **Social Security Number:** Enter social security number. If you do not have a social security number, leave space blank.

10. **California's Driver License/Identification Card number:** Enter California Driver License/Identification Card number.

11. **Level of Service:** The DOJ box is pre-selected. Also, if you have lived outside of the state of California for a period of 2 years or more since age 21 you must select the FBI box as well.

12. **Applicant's Address:** Enter residence address, city, state and zip code.

13. **Daytime Telephone Number:** Enter daytime telephone number.

14. **If resubmission: list Original ATI No.:** Enter the original ATI number provided on the reject notification to avoid paying an additional processing fee.

# REQUEST FOR LIVE SCAN SERVICE

ORI: A1104

Type of Applicant: License, Certificate or Permit

STATE BAR LICENSE 6054 BPC

Job Title of License Certification or Permit: Attorney License

Agency Address Set Contributing Agency:

State Bar of California  
Office of Admissions 4th Fl.  
1149 S. Hill St  
Los Angeles, CA 90015

Mailing Code: A05878

Name of Applicant:

(please print)

Last

First

MI

AKA's:

Last

First

Billing No. BIL 140031

DOB: \_\_\_\_\_

SEX:

☐

Male

☐

Female

HT: \_\_\_\_\_

WT: \_\_\_\_\_

Applicant's Address :

Eye Color: \_\_\_\_\_

Hair Color: \_\_\_\_\_

Street or P.O. Box

Place of Birth: \_\_\_\_\_

(state or foreign country)

City, State and Zip Code

Social Security Number: \_\_\_\_\_

California Driver's License No. \_\_\_\_\_

Daytime Telephone Number

Level of Service:

☒

DOJ

☐

FBI

Your Number

(Only Check both boxes if you lived 2 years or more outside of CA since age 21)

OCA No. (Agency Identifying No.)

If resubmission, list Original ATI No. \_\_\_\_\_

Employer: (Additional response for agencies specified by statute)

State Bar of California

Employer Name

1149 S. Hill St

Street No. Street or P.O. Box

Los Angeles, CA 90015

City

State

Zip Code

Live Scan Transaction Completed By: \_\_\_\_\_

Name of Operator

Date \_\_\_\_\_

Transmitting Agency

ATI No.

Amount Collected

Original-Live

Second Copy- Requesting Agency

Third Copy- Applicant

## **Fingerprint Instructions for Out of State Residents (Fingerprint Cards FD-258)**

Effective July 1, 2005, the California Department of Justice only processes fingerprints through the Live Scan Fingerprinting System unless an exemption is granted. Since Live Scan Fingerprinting Agencies are only located in California, applicants who do not reside in California are required to submit, with their application, two fingerprint cards (on form FD-258) and a "Request for Exemption From Mandatory Electronic Fingerprint Submission Requirement" form, a copy of which is on page 8 of these instructions. At times, there are delays in processing fingerprint cards by criminal justice agencies or delays due to fingerprint card rejection by those agencies, for which the Office of Admissions does not accept responsibility. These delays may impact the time needed to process an Extension Application. The fingerprints must be taken by a law enforcement agency (i.e. police department, sheriff's station, etc.) or by an agency that requires an applicant to provide appropriate identification. If the official taking the fingerprints has difficulty obtaining prints of acceptable quality because of the physical condition of the applicant's fingers (e.g., dermatitis, etc.), the official should be requested to explain (in writing) why the prints are the best obtainable. That explanation should accompany the fingerprint cards. Fingerprints will be forwarded to the California Department of Justice and/or FBI for a record check.

**Applicants must complete identifying information required on the fingerprint cards** using **only** the abbreviations listed below. Failure to provide all correct information will result in a delay in processing the application, along with the return of the fingerprint cards for completion.

### **HAIR COLOR**

Bald	BAL	Brown	BRN
Black	BLK	Gray or Partially	GRY
Blond or			
Strawberry	BLN	Red or Auburn	RED
Sandy	SDY	White	WHI

### **EYE COLOR**

Black	BLK	Green	GRN
Blue	BLU	Hazel	HAZ
Brown	BRN	Maroon	MAR
Gray	GRY	Pink	PNK

### **WEIGHT (WGT)**

Express in pounds. Do not use fractions; round off to the nearest pound. (Examples: 94 lbs. or 186 lbs.)

### **HEIGHT (HGT)**

Express in feet and inches. Do not use fractions; round off to the nearest inch. (Examples: 5'11" or 6'0")

### **SEX**

Male      M  
Female    F

The following questions are optional and do not require a response:

- Race
- Citizenship
- OCA Number
- FBI Number
- Armed Forces Number
- Miscellaneous Number

**REQUEST FOR EXEMPTION FROM  
MANDATORY ELECTRONIC FINGERPRINT  
SUBMISSION REQUIREMENT**

BCII 9004 (3/05)

Bureau of Criminal Identification and Information  
P.O. Box 903417  
Sacramento, CA 94203-4170

**APPLICANT INSTRUCTIONS:** Please type or print clearly all information. Illegible or incomplete information may result in processing delays or denial of your request. Mail this form, together with your fingerprint card(s) (FD258), to the above address.

**APPLICANT'S NAME:**

LAST

FIRST

MIDDLE

**APPLICANT'S ADDRESS:**

STREET

CITY

COUNTY

STATE

ZIP CODE

**EMPLOYER OR LICENSING AGENCY:****BASIS FOR EXEMPTION:**

1. • • NO REGIONAL ACCESS TO FINGERPRINTING SERVICES:

**Nearest Electronic Fingerprint Site:** (Refer to public sites listed on the Attorney General's website at <http://ag.ca.gov/fingerprints/publications/contact.htm>)

BUSINESS NAME

ADDRESS

2. • • OTHER (explain):

Pursuant to California Penal Code section 11077.1(b), I request an exemption from the mandatory electronic fingerprint submission requirement. I certify that the foregoing is true and correct.

APPLICANT'S SIGNATURE

DATE

The Department of Justice will evaluate your request and determine whether adequate justification exists to accept your hard fingerprint card(s) in order to process a request for criminal offender record information for employment, licensing, certification, child placement, or adoption purposes.



APPLICANT

LEAVE BLANK

TYPE OR PRINT ALL INFORMATION IN BLACK  
LAST NAME NAK FIRST NAME MIDDLE NAME

FBI

LEAVE BLANK

SIGNATURE OF PERSON FINGERPRINTED

ALIASES AKA

C  
R  
I

CA0349400  
BU OF ID & INFO  
SACRAMENTO, CA

DATE OF BIRTH DOB  
Month Day Year

RESIDENCE OF PERSON FINGERPRINTED

CITIZENSHIP CTZ

SEX MALE RACE WGT EYES HAI PLACE OF BIRTH FOE

COPIES OF OFFICIAL TATTOO FINGERPRINTS

YOUR NO. OCA

LEAVE BLANK

EMPLOYER AND ADDRESS  
The State Bar of California  
Office of Admissions  
1149 South Hill Street  
Los Angeles, CA 90015-2299

FBI NO. FBI

CLASS

ARMED FORCES NO. MNU

REF. 140031

SOCIAL SECURITY NO. SOC

REASON FINGERPRINTED

ATTORNEY LICENSE

MISCELLANEOUS NO. MNU

1. R. THUMB		2. R. INDEX		3. R. MIDDLE		4. R. RING		5. R. LITTLE	
1. THUMB		7. L. INDEX		8. L. MIDDLE		9. L. RING		10. L. LITTLE	
LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY				L. THUMB		R. THUMB		RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY	

## CHANGE OF ADDRESS

In order for the Office of Admissions of the State Bar of California to update your address in its records, the request must be in writing and must be accompanied by a photocopy of one identification document. Accepted examples are a Driver's License, Passport, CA Identification Card, Military ID Card or Birth Certificate. A fillable form is available online by clicking here.

## FURTHER COMMUNICATION

An official record of all communications is required; inquiries should be submitted in writing addressed to the Office of Admissions and sent to the appropriate address listed below. This will enable the staff to review your file prior to responding, and provide for precise rather than generalized responses. If your inquiry relates to a genuine emergency and requires immediate attention, the telephone numbers listed below are provided to assist you in such circumstances.

1149 South Hill Street  
Los Angeles, CA 90015-2299

-or-

180 Howard Street  
San Francisco, CA 94105-1639

	<u>Los Angeles</u>	<u>San Francisco</u>
Recorded General Information	(213) 765-1550	(415) 538-2300
Applicant Services	(213) 765-1500	(415) 538-2300
Forms/study aids requests	(213) 765-1520	(415) 538-2300
Law Student/Attorney Registration	(213) 765-1500	
Petitions	(213) 765-1500	

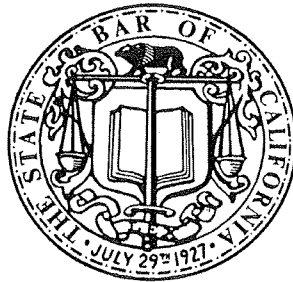
The Office of Admissions is open for the transaction of business between the hours of 8:45 a.m. and 5:00 p.m., Monday through Friday, holidays excepted. In the Los Angeles Office of Admissions, cash, cashier's checks, traveler's checks, money orders and personal checks will be accepted between 8:45 a.m. and 4:30 p.m. From 4:30 p.m. to 5:00 p.m., only personal checks will be accepted.

## IMPORTANT

Before mailing your application, please check the following:

- Is the **correct** fee included?
- Is the copy of *Request for Live Scan Services* form which has been completed by the live scan operator included? **OR**  
  
Are the two fingerprint cards and the Request for Exemption from Mandatory Electronic Fingerprint Submission Requirement form enclosed and **completed** in accordance with the instructions?
- Are all necessary attachments fastened to the application? The fingerprint cards and the Request for Exemption from Mandatory Electronic Fingerprint Submission Requirement form or *Request for Live Scan* form are considered part of the application and **must** be submitted with the application. Supporting documents other than these **forms** may be submitted separately.
- Is each question answered fully and completely?
- Is the application signed and currently dated?
- Are all applicable **forms** completed and attached?
- Are you mailing the application more than 30 days after you signed the declaration? The application must be received within 30 days of the date it is signed or it will be returned.

**The Committee of Bar Examiners  
of  
The State Bar of California  
Office of Admissions**



**1149 SOUTH HILL STREET  
LOS ANGELES, CA 90015**

**180 HOWARD STREET  
SAN FRANCISCO, CA 94105**

**APPLICATION FOR EXTENSION OF DETERMINATION  
OF MORAL CHARACTER**

**\* NOTE \***

**Please carefully read the "Instructions for Applicants" before completing this application. All applicants are required to be familiar with and to comply with all such instructions. Applicants must answer every question. All pages of this application must be returned.**

**THE STATE BAR ACT, ARTICLE 4  
SECTION 6068. DUTIES OF ATTORNEY**

It is the duty of an attorney to do all of the following:

(a) To support the Constitution and laws of the United States and of this state.

(b) To maintain the respect due to the courts of justice and judicial officers.

(c) To counsel or maintain those actions, proceedings, or defenses only as appear to him or her legal or just, except the defense of a person charged with a public offense.

(d) To employ, for the purpose of maintaining the causes confided to him or her those means only as are consistent with truth, and never to seek to mislead the judge or any judicial officer by an artifice or false statement of fact or law.

(e) (1) To maintain inviolate the confidence, and at every peril to himself or herself to preserve the secrets, of his or her client.

(2) Notwithstanding paragraph (1), an attorney may, but is not required to, reveal confidential information relating to the representation of a client to the extent that the attorney reasonably believes the disclosure is necessary to prevent a criminal act that the attorney reasonably believes is likely to result in death of, or substantial bodily harm to, an individual.

(f) To advance no fact prejudicial to the honor or reputation of a party or witness, unless required by the justice of the cause with which he or she is charged.

(g) Not to encourage either the commencement or the continuance of an action or proceeding from any corrupt motive of passion or interest.

(h) Never to reject, for any consideration personal to himself or herself, the cause of the defenseless or the oppressed.

(i) To cooperate and participate in any disciplinary investigation or other regulatory or disciplinary proceeding pending against himself or herself. However, this subdivision shall not be construed to deprive an attorney of any privilege guaranteed by the Fifth Amendment to the Constitution of the United States, or any other constitutional or statutory privileges. This subdivision shall not be construed to require an attorney to cooperate with a request that requires him or her to waive any constitutional or statutory privilege or to comply with a request for information or other matters within an unreasonable period of time in light of the time constraints of the attorney's practice. Any exercise by an attorney of any constitutional or statutory privilege shall not be used against the attorney in a regulatory or disciplinary proceeding against him or her.

(j) To comply with the requirements of Section 6002.1.

(k) To comply with all conditions attached to any disciplinary probation, including a probation imposed with the concurrence of the attorney.

(l) To keep all agreements made in lieu of disciplinary prosecution with the agency charged with attorney discipline.

(m) To respond promptly to reasonable status inquiries of clients and to keep clients reasonably informed of significant developments in matters with regard to which the attorney has agreed to provide legal services.

(n) To provide copies to the client of certain documents under time limits and as prescribed in a rule of professional conduct which the board shall adopt.

(o) To report to the agency charged with attorney discipline, in writing, within 30 days of the time the attorney has knowledge of any of the following:

(1) The filing of three or more lawsuits in a 12-month period against the attorney for malpractice or other wrongful conduct committed in a professional capacity.

(2) The entry of judgment against the attorney in any civil action for fraud, misrepresentation, breach of fiduciary duty, or gross negligence committed in a professional capacity.

(3) The imposition of any judicial sanctions against the attorney, except for sanctions for failure to make discovery or monetary sanctions of less than one thousand dollars (\$1,000).

(4) The bringing of an indictment or information charging a felony against the attorney.

(5) The conviction of the attorney, including any verdict of guilty, or plea of guilty or no contest, of any felony, or any misdemeanor committed in the course of the practice of law, or in any manner in which a client of the attorney was the victim, or a necessary element of which, as determined by the statutory or common law definition of the misdemeanor, involves improper conduct of an attorney, including dishonesty or other moral turpitude, or an attempt or a conspiracy or solicitation of another to commit a felony or any misdemeanor of that type.

(6) The imposition of discipline against the attorney by any professional or occupational disciplinary agency or licensing board, whether in California or elsewhere.

(7) Reversal of judgment in a proceeding based in whole or in part upon misconduct, grossly incompetent representation, or willful misrepresentation by an attorney.

(8) As used in this subdivision, "against the attorney" includes claims and proceedings against any firm of attorneys for the practice of law in which the attorney was a partner at the time of the conduct complained of and any law corporation in which the attorney was a shareholder at the time of the conduct complained of unless the matter has to the attorney's knowledge already been reported by the law firm or corporation.

(9) The State Bar may develop a prescribed form for the making of reports required by this section, usage of which it may require by rule or regulation.

**ATTORNEY'S OATH**

I solemnly swear (or affirm) that I will support the Constitution of the United States and the Constitution of the State of California, and that I will faithfully discharge the duties of an attorney and counselor at law to the best of my knowledge and ability.

# CONFIDENTIAL APPLICATION AND QUESTIONNAIRE

## SECTION I BACKGROUND INFORMATION

APPLICATIONS MUST BE TYPEWRITTEN OR LEGIBLY PRINTED IN INK. STAPLE all attachments to the back of your application.

1.1 FILE # \_\_\_\_\_ (Required)

1.2 APPLICANT TYPE: (Please check one)

1.3 DATE OF BIRTH: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

☐ General Applicant (not admitted to practice law in another jurisdiction)

☐ Attorney Applicant (admitted to practice law in another jurisdiction **AND** in **GOOD STANDING**)

If disbarred or suspended, you are not eligible to file an Application for Extension of Determination of Moral Character. See Rule 4.41(A) of Title 4, Division 1, Chapter 4 of the *Rules of the State Bar of California (Admissions Rules)*.

1.4 APPLICANT'S FULL NAME:

\_\_\_\_\_  
Last

\_\_\_\_\_  
First Middle

1.5 MAILING ADDRESS:

It is the applicant's responsibility to inform the State Bar's Office of Admissions *in writing* of any address changes. All correspondence will be mailed to current mailing address.

\_\_\_\_\_  
Full Street Address or P.O. Box (include apartment number, if applicable)

\_\_\_\_\_  
Address Continued (if needed)

\_\_\_\_\_  
U.S. City (or Non-U.S. City and Country) State Zip (U.S.)

1.6 DAYTIME TELEPHONE: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
(Answering machines acceptable)

1.7 SPOUSE'S NAME: \_\_\_\_\_  
Prior to marriage, if different

1.8 DRIVER'S LICENSE NUMBER:

California: \_\_\_\_\_

Other State: \_\_\_\_\_

ID Card: \_\_\_\_\_  
State and Number

1.9 APPLICATION FEE:

See instructions for proper application fee. Application will not be deemed filed unless the proper fee is enclosed.

\$ \_\_\_\_\_ .00 (TOTAL ENCLOSED)

### OFFICE USE ONLY

Date Filed: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month Day Year

DETERMINATION  
Cleared by: \_\_\_\_\_

\_\_\_\_\_  
(Signature)

Date Cleared: \_\_\_\_\_

Hearing Date: \_\_\_\_\_

Decision: \_\_\_\_\_

Date: \_\_\_\_\_

### OFFICE USE ONLY

Fingerprints

Number of cards submitted: \_\_\_\_\_

Process ☐

F ☐

D ☐

## General Instructions

The questions on the following pages were contained in your initial Application for Determination of Moral Character. They are repeated here to assist you with updating your application.

List only new incidents or cases in which there has been a change in status since your previously filed application. If you do not have anything to report, please so indicate. You must answer EVERY question, either by supplying new information or indicating that you have no new information to report.

**NOTE:** Applicants have a continuing duty to update in writing their responses to questions on the moral character section of the application (Section II) whenever there is an addition to or change in information to information that was previously furnished (Rule 4.42 of the *Admissions Rules*).

2.1 **FORMER NAMES;** Have you ever been known by any other names? ☐ YES ☐ NO

→ ☐ **PLACE AN X HERE IF YOU HAVE NOTHING NEW TO REPORT**

If YES, provide the effective dates and the reason for the change of name. If a change was made by court order, attach a copy to the application. If a change was made simply by assumption and use, please so state. If the change was made as part of a divorce proceeding, refer to Question 12.1 and be sure to complete **FORM 1**.

\_\_\_\_\_ Last First and Middle

Dates: From \_\_\_\_\_ To \_\_\_\_\_

Reason for change: \_\_\_\_\_

2.2 **LEGAL EDUCATION:** Indicate all law schools attended since submitting your last application, even if you do not claim credit for the law study completed at each school. Include and distance learning study, correspondence study and law office study.

Name and Location of School	Dates Attended From (Month/Year)	Dates Attended To (Month/Year)	Date of Graduation or Anticipated Graduation (Month/Year)	Degree or Units Completed

2.3 **Are you currently a California Resident?** ☐ YES(L) ☐ NO(C)

If yes, have you spent more than 24 months outside California since the age of 21? ☐ YES(F) ☐ NO(D)

2.4 **RESIDENCE HISTORY:** State the address of every residence (including the present) that you have had since you last filed an Application for Determination of Moral Character, **commencing with your present address**.

Number & Street Address	City and State	Zip Code	From Month/Year	To Month/Year

CHECK HERE ☐ IF CONTINUED ON ATTACHMENT

## SELF-EMPLOYMENT

### A RESPONSE IS REQUIRED TO BOTH QUESTIONS

List your current self-employment and each instance of self-employment since you last filed an application.

3.1 Have you ever been in business for yourself? (If YES, see below) ☐ YES ☐ NO

3.2 Have you ever been SELF-EMPLOYED as an attorney? (If YES, see below) ☐ YES ☐ NO

If YES to either of the above questions, please indicate both the name and address of the place of employment and the name and address of a person other than **persons related to you by blood or marriage** who can verify such employment.

### BUSINESS/PRIVATE LAW PRACTICE

NAME OF BUSINESS \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

MAILING ADDRESS (continued, if needed) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

BUSINESS PHONE (\_\_\_\_\_) \_\_\_\_\_ FROM \_\_\_\_\_ TO: \_\_\_\_\_  
Month/Year Month/Year

NATURE OF BUSINESS \_\_\_\_\_

YOUR DUTIES \_\_\_\_\_

### VERIFYING REFERENCE FOR SELF-EMPLOYMENT

DO NOT LIST PERSONS LISTED AS EMPLOYMENT OR PERSONAL REFERENCES ON PAGES 4 AND 5  
OR PERSONS RELATED TO YOU BY BLOOD OR MARRIAGE.

21

NAME OF REFERENCE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

MAILING ADDRESS Continued (if needed) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

OCCUPATION \_\_\_\_\_ TELEPHONE (\_\_\_\_) \_\_\_\_\_ LENGTH OF TIME KNOWN \_\_\_\_\_

CHECK HERE ☐ IF CONTINUED ON ATTACHMENT

3.3 If you have not been employed since you last filed an application, please explain to the best of your recollection where you were and what you were doing (e.g., 6/08 - 12/08 recuperated from major surgery at parents' house; 1/09 - 5/09 traveled [indicate country/region]; 12/09 - 2/10 studied for bar exam). Attach page(s) as necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION II**  
**PROFESSIONAL REFERENCES**

**4.1 RE-ENTER FULL NAME** \_\_\_\_\_

**FILE #** \_\_\_\_\_

**EMPLOYMENT HISTORY**

**4.2** List your current employment and each instance of employment you have held since filing your last application. Indicate the reason for leaving if not currently employed. Use attachments as necessary.

**NOTE:** For periods of self-employment, complete page 3.

**CURRENT EMPLOYMENT**

**NAME OF BUSINESS** \_\_\_\_\_

**41** **SUPERVISOR** \_\_\_\_\_

**STREET ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**BUSINESS PHONE: ( )** \_\_\_\_\_ **POSITION** \_\_\_\_\_

**FROM:** \_\_\_\_\_ / \_\_\_\_\_  
Month Year

**PREVIOUS EMPLOYMENT**

**NAME OF BUSINESS** \_\_\_\_\_

**42** **SUPERVISOR** \_\_\_\_\_

**STREET ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**BUSINESS PHONE: ( )** \_\_\_\_\_ **POSITION** \_\_\_\_\_

**LENGTH OF TIME EMPLOYED:** From: \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_  
Month Year Month Year

**REASON FOR LEAVING** \_\_\_\_\_

**CHECK HERE ☐ IF CONTINUED ON ATTACHMENT**

Include, for each position, all of the information requested above.



## PERSONAL REFERENCES

THIS SECTION MUST BE COMPLETED BY ALL APPLICANTS

- 5.1 State the full names, complete addresses (including floor and/or suite numbers and ZIP CODES), and occupations of three reputable and responsible persons who know you well. AT LEAST ONE of these persons should be a member of the Bar of any U.S. or foreign jurisdiction and only one may be a law professor from whom you have received instruction.

### \* NOTE \*

**DO NOT INCLUDE** persons who have only casual knowledge of you, **persons related to you by blood or marriage**, or persons listed as employment or verifying references on pages 3-4. List one address only for each reference. Please make certain that **all addresses are current and complete**.

**22** NAME OF REFERENCE \_\_\_\_\_  
MAILING ADDRESS \_\_\_\_\_  
MAILING ADDRESS (continued, if needed) \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ TELEPHONE (\_\_\_\_\_) \_\_\_\_\_  
OCCUPATION \_\_\_\_\_ LENGTH OF TIME KNOWN \_\_\_\_\_

**23** NAME OF REFERENCE \_\_\_\_\_  
MAILING ADDRESS \_\_\_\_\_  
MAILING ADDRESS (continued, if needed) \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ TELEPHONE (\_\_\_\_\_) \_\_\_\_\_  
OCCUPATION \_\_\_\_\_ LENGTH OF TIME KNOWN \_\_\_\_\_

**24** NAME OF REFERENCE \_\_\_\_\_  
MAILING ADDRESS \_\_\_\_\_  
MAILING ADDRESS (continued, if needed) \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ TELEPHONE (\_\_\_\_\_) \_\_\_\_\_  
OCCUPATION \_\_\_\_\_ LENGTH OF TIME KNOWN \_\_\_\_\_

DO YOU CERTIFY THAT YOU ARE NOT RELATED TO THE ABOVE INDIVIDUALS BY BLOOD OR MARRIAGE (e.g., COUSIN, IN-LAW, SIBLING, PARENT OR SPOUSE)? ☐ YES ☐ NO

## CREDENTIALS AND LICENSES

LIST ONLY NEW LICENSES OR LICENSES IN WHICH THERE HAS BEEN A CHANGE IN STATUS SINCE YOUR PREVIOUS APPLICATION. IF YOU DO NOT HAVE ANYTHING TO REPORT, PLEASE SO INDICATE.

→ ☐ PLACE AN X HERE IF YOU HAVE NOTHING NEW TO REPORT

61

- 6.1 Have you ever applied for (or applied for and then withdrew an application) or held a license for a business, trade, or profession, **other than as an attorney at law**, the procurement of which required proof of good character and/or examination (e.g., certified public accountant, patent practitioner, or real estate broker)?

☐ YES ☐ NO

If YES, provide the following information about each license.

ISSUING AUTHORITY \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

MAILING ADDRESS (continued, if needed) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

LICENSED or CERTIFIED AS \_\_\_\_\_

DATES: From \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_  
Month Year Month Year

LICENSE OR CERTIFICATION # \_\_\_\_\_ Inactive ☐ Active ☐

CHECK HERE ☐ IF CONTINUED ON ATTACHMENT.

### OFFICE USE ONLY

Data Entry Completed ☐

\_\_\_\_\_  
Initials & Date

## COMPLAINTS; PROFESSIONAL DISCIPLINE

A response is required even if you answered NO or NOTHING NEW TO REPORT to Question 6.1.

LIST ONLY NEW INCIDENTS OR INCIDENTS IN WHICH THERE HAS BEEN A CHANGE IN STATUS SINCE YOUR PREVIOUS APPLICATION. IF YOU DO NOT HAVE ANYTHING TO REPORT, PLEASE SO INDICATE.

→ ☐ PLACE AN X HERE IF YOU HAVE NOTHING NEW TO REPORT

7.1 A. Have you ever been denied a business, trade or professional license? ☐ YES ☐ NO  
If YES, complete "D" below

B. Have you ever been disbarred, suspended, censured, or otherwise disqualified or had your license revoked as a member of any business, trade, or profession (e.g., attorney, certified public accountant, real estate broker, physician, etc.), or as a holder of public office?  
If YES, complete "D" below ☐ YES ☐ NO

C. To the best of your knowledge, have there ever been, or are there now pending, any charges, complaints, or grievances (formal or informal) concerning your conduct as a member of any business, trade, or profession, or as a holder of public office?  
If YES, complete "E" below ☐ YES ☐ NO

**NOTE:** If you answered YES to either A, B, or C, please fully explain the circumstances of each incident of denial, disbarment, suspension, censure, reprimand, complaint, grievance, etc., on a separate piece of paper and attach to the application.

D. Name and address of the authority in possession of the records regarding the disqualification or denial:

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

NAME OF COURT \_\_\_\_\_ DATE ADMITTED \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

NATURE OF DISQUALIFICATION \_\_\_\_\_

DISQUALIFICATION DATES: From \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_

DATE OF DENIAL (Month/Year) \_\_\_\_\_

Reason for disqualification \_\_\_\_\_

E. Name and address of authority in possession of the records regarding the charge, complaint, or grievance:

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

NAME OF COURT \_\_\_\_\_ DATE ADMITTED \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DATE OF CHARGE \_\_\_\_\_ FINAL DISPOSITION \_\_\_\_\_

If your answer to any of the following needs more space, please attach a separate piece of paper.

A response to Questions 8.1 A & B is required even if you answered NO or NOTHING NEW TO REPORT to Question 6.1.

- 8.1 A. Have you ever resigned your business, trade, or professional license while charges were pending? If YES, please explain ☐ YES ☐ NO

→ ☐ PLACE AN X HERE IF YOU HAVE NOTHING NEW TO REPORT

- B. Have you ever permitted a business, trade, or professional license to expire? If YES, please explain ☐ YES ☐ NO

→ ☐ PLACE AN X HERE IF YOU HAVE NOTHING NEW TO REPORT

### PRIOR APPLICATIONS FOR ADMISSION TO PRACTICE LAW

LIST ONLY NEW APPLICATIONS OR APPLICATIONS IN WHICH THERE HAS BEEN A CHANGE IN STATUS SINCE YOUR PREVIOUS CALIFORNIA APPLICATION. IF YOU DO NOT HAVE ANYTHING TO REPORT, PLEASE SO INDICATE.

#### \* NOTE \*

Applications for admission to practice law include, but are not limited to, applications to be admitted by examination, on motion, or on a diploma privilege, applications for reinstatement to the bar, and applications for a determination of moral character. Include every such application even if that application was subsequently withdrawn. For each application, indicate the nature of the application (e.g., examination, moral character, comity), the date it was submitted, and its ultimate disposition (e.g., admitted to practice law, withdrew application, denied).

- 8.2 Have you ever submitted an application for admission to practice law in any state or foreign country? ☐ YES ☐ NO
- 8.3 If you are admitted to practice law elsewhere, are you in good standing in your jurisdiction(s)? ☐ YES ☐ NO

**NOTE: A CERTIFICATE OF GOOD STANDING FOR EACH JURISDICTION INTO WHICH YOU HAVE BEEN ADMITTED TO PRACTICE LAW MUST BE SUBMITTED WITH EACH APPLICATION.**

If you are suspended or disbarred from practice as a result of a disciplinary proceeding, you are not eligible to file an Application for Extension of Determination of Moral Character (Rule 4.41(A) of the *Admissions Rules*).

State or foreign country \_\_\_\_\_  
Applied for admission (Month/year) \_\_\_\_\_  
Date of examination that you took (Month/Year) \_\_\_\_\_  
Admitted or readmitted (Month/Day/Year) \_\_\_\_\_

Not admitted because (check one)  
☐ Failed examination  
☐ Withdrew application\*  
☐ Other reason\*

\* For any withdrawals and for any other reason for not being admitted which were not due to being unsuccessful on an examination, attach a separate piece of paper stating the question and detailing the circumstances and reasons.

→ ☐ PLACE AN X HERE IF YOU HAVE NOTHING NEW TO REPORT

## CONVICTIONS

The applicant has a continuing duty to update *in writing* responses to questions under the moral character section of the application whenever there is an addition to or change in information previously furnished (Rule 4.42 of the *Admissions Rules*).

IN ANSWERING THE FOLLOWING QUESTIONS, YOU SHOULD INCLUDE ALL SUCH INCIDENTS AND CONVICTIONS, NO MATTER HOW MINOR THE INCIDENT. **Traffic violations which must be reported under this question include Failure to Appear, Driving Without a License, Driving with a Suspended License, and Reckless Driving, as well as all traffic violations that resulted in a misdemeanor or felony conviction.**

YOU ARE EXCLUDED FROM ANSWERING QUESTIONS REGARDING THE FOLLOWING INCIDENTS:

- A. Arrests that did not result in a conviction and for which you are not awaiting final adjudication.
- B. Any arrest, conviction or other proceeding the record of which has been ordered or is required to be sealed, obliterated, dismissed, or destroyed pursuant to Sections 851.7, 1203.4a\*, 1203.45\*, 1000 to 1000.11, 1001 to 1001.11, or 1001.20 to 1001.35 of the Penal Code of the State of California, or Section 781 of the Welfare and Institutions Code of the State of California, or Section 11361.5 of the Health and Safety Code of the State of California, or pursuant to a similar statute of another jurisdiction which provides in substance and effect that upon entry of an order, such arrest, conviction, or other proceeding shall be deemed not to have occurred or that the person to whom the proceeding relates, in answering any related question, may state it did not occur.
- C. Any arrest, conviction or other proceeding, the record of which has been ordered or is required to be sealed, obliterated, dismissed, or destroyed pursuant to the statute of another jurisdiction, which statute provides in substance and effect that upon entry of an order, such arrest, conviction or other proceeding shall be deemed not to have occurred or that the person to whom the proceeding relates, in answering any related question, may state it did not occur. If you believe you come within this exclusion, you **MUST** include with your application a copy of the applicable statute and any supporting annotations and answer yes to question 9.5 below.

### \* NOTE \*

The above-referenced sections of the Penal Code are Sections 1203.4a and 1203.45, **not** 1203.4. **SECTION 1203.4 REQUIRES** disclosure of matters dismissed under that Section in response to a direct question contained in an application for licensure by a state agency.

LIST ONLY NEW INCIDENTS OR CASES IN WHICH THERE HAS BEEN A CHANGE IN STATUS SINCE YOUR PREVIOUS CALIFORNIA APPLICATION. IF YOU DO NOT HAVE ANYTHING TO REPORT, PLEASE SO INDICATE.

→ ☐ PLACE AN X HERE IF YOU HAVE NOTHING NEW TO REPORT

- |      |  |                              |   |
|------|--|------------------------------|---|
| 9.1  | Have you ever been convicted of the violation of a misdemeanor or felony?<br><small>As used herein, a conviction includes a plea of guilty or nolo contendere, or a verdict or finding of guilt, regardless of whether sentence is imposed by the court.</small> | <input type="checkbox"/> YES | <input type="checkbox"/> NO <sup>-(2)</sup> |
| 9.2. | Are you awaiting final adjudication for any incident?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO <sup>-(2)</sup> |
| 9.3  | Have you ever been held in contempt of court?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO <sup>-(2)</sup> |
| 9.4  | Have you ever been granted immunity in lieu of criminal prosecution?   | <input type="checkbox"/> YES | <input type="checkbox"/> NO <sup>-(2)</sup> |

If YES to any of the above questions, please complete **FORM 2**. Make as **many COPIES as you need**. Attach a copy of the arresting officer's report, complaint, indictment, trial disposition, sentence, appeal, probation report and certified copy of conviction, if any.

- 9.5 Are you submitting a statute of another jurisdiction pursuant to Section "C" above? ☐ YES ☐ NO

**A RESPONSE IS REQUIRED**

*If your answer to any of the following needs more space, please attach a separate piece of paper.*

### SCHOLASTIC DISCIPLINE

LIST ONLY NEW INCIDENTS OR INCIDENTS IN WHICH THERE HAS BEEN A CHANGE IN STATUS SINCE YOUR PREVIOUS APPLICATION. IF YOU DO NOT HAVE ANYTHING TO REPORT, PLEASE SO INDICATE.

- 10.1 Have you ever been dropped, suspended, expelled, or otherwise disciplined by any school for any reason other than academic performance? ☐ YES ☐ NO

If YES, state the reasons fully below, providing the name of the school, the date, the reasons for discipline, and the final disposition.

→ ☐ PLACE AN X HERE IF YOU HAVE NOTHING NEW TO REPORT

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### BONDEDNESS; DISCHARGE OF OBLIGATION; INDEBTEDNESS

LIST ONLY NEW MATTERS OR MATTERS IN WHICH THERE HAS BEEN A CHANGE IN STATUS SINCE YOUR PREVIOUS APPLICATION. IF YOU DO NOT HAVE ANYTHING TO REPORT, PLEASE SO INDICATE.

- 10.2 Have you ever held a bonded position? ☐ YES ☐ NO

If YES, specify the nature of the position, the inclusive dates, amount of bond, and whether any attempt has been made to recover upon your bond or cancel it.

→ ☐ PLACE AN X HERE IF YOU HAVE NOTHING NEW TO REPORT

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- 10.3 Has a bond ever been refused where you were to be the bonded person? ☐ YES ☐ NO

If YES, provide the full details.

→ ☐ PLACE AN X HERE IF YOU HAVE NOTHING NEW TO REPORT

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- 10.4 Are you in default in any way in the performance or discharge of any duty or obligation imposed upon you by decree, judgment, or order of any court or administrative agency, including alimony, support orders and decrees? ☐ YES ☐ NO<sup>(1)</sup>

If YES, complete **FORM 1**.

→ ☐ PLACE AN X HERE IF YOU HAVE NOTHING NEW TO REPORT

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- 11.1 Do you owe any debts, including student loans, that are past due (include those barred by the statute of limitations and past due credit account balances)? ☐ YES ☐ NO

If YES, list each such indebtedness, providing the name and present address of the creditor, nature of the indebtedness, date incurred, the account number(s), amount still owing, and reason for nonpayment, and steps taken to address the debt.

→ ☐ PLACE AN X HERE IF YOU HAVE NOTHING NEW TO REPORT

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- 11.2 Have you ever defaulted on any student loan? ☐ YES ☐ NO

If YES, list the name and address of the creditor or the guaranteeing agency to which the loan was sold or assigned, the loan account number, the amount owed and the steps taken to make the amount current.

→ ☐ PLACE AN X HERE IF YOU HAVE NOTHING NEW TO REPORT

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### BANKRUPTCY

LIST ONLY NEW CASES OR CASES IN WHICH THERE HAS BEEN A CHANGE IN STATUS SINCE YOUR PREVIOUS APPLICATION. IF YOU DO NOT HAVE ANYTHING TO REPORT, PLEASE SO INDICATE.

→ ☐ PLACE AN X HERE IF YOU HAVE NOTHING NEW TO REPORT

- 11.3 Have you ever been adjudicated a bankrupt? ☐ YES ☐ NO<sup>(--3)</sup>
- 11.4 Has a petition in bankruptcy (personal or business related) ever been filed by you or against you, either alone or in association with others? ☐ YES ☐ NO<sup>(--3)</sup>  
If YES, complete FORM 3.
- 11.5 Do you have a bankruptcy pending under a Chapter 13 reorganization? ☐ YES ☐ NO<sup>(--3)</sup>
- 11.6 Have you ever been sued by a receiver, trustee, or other authority of any bankruptcy estate, for unlawful preference, conspiracy to conceal assets, or any other fraud or offense, whether or not punishable by law? ☐ YES ☐ NO

If YES, please state the date, title, and number of case, the name and location of the court in the space below, and continue on a separate piece of paper if needed. ATTACH to this application a copy of any complaint or other claim filed against you.

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## CIVIL ACTIONS AND ADMINISTRATIVE PROCEEDINGS

LIST ONLY NEW CASES OR CASES IN WHICH THERE HAS BEEN A CHANGE IN STATUS SINCE YOUR PREVIOUS APPLICATION. IF YOU DO NOT HAVE ANYTHING TO REPORT, PLEASE SO INDICATE.

→ ☐ PLACE AN X HERE IF YOU HAVE NOTHING NEW TO REPORT

12.1 Have you ever been a party to or are you presently a party to any civil action or administrative proceeding? This includes divorce, dissolution, small claims, worker's compensation, etc. ☐ YES ☐ NO

12.2 Have any judgments been filed against you? ☐ YES ☐ NO

If YES to either of the above questions complete **FORM 1**. Make as many copies of **FORM 1** as you need.

## FRAUD, MISREPRESENTATION, LEGAL MALPRACTICE

LIST ONLY NEW INCIDENTS OR CASES IN WHICH THERE HAS BEEN A CHANGE IN STATUS SINCE YOUR PREVIOUS APPLICATION. IF YOU DO NOT HAVE ANYTHING TO REPORT, PLEASE SO INDICATE.

→ ☐ PLACE AN X HERE IF YOU HAVE NOTHING NEW TO REPORT

12.3 Have you ever had a complaint alleging fraud, deceit, misrepresentation, forgery, or legal malpractice filed and sustained against you in any civil, criminal or administrative forum? This includes corporations of which you were an officer or director and partnerships of which you were a member. ☐ YES ☐ NO

If YES, complete **FORM 1** and **ATTACH** copies of the pleading, allegations and judgment.

## MENTAL ILLNESS, DISEASE OR DISORDER

In answering Question 12.4, applicants should consider the following definitions for the words and phrases:

"Ability to practice law" includes performing services in a court of justice, in any manner, throughout its various stages and in conformity with adopted rules of procedure. In a larger sense it includes providing legal advice and counsel and preparation of legal instruments and contracts by which legal rights are protected. Law practice may also include the resolution of legal questions for consumers by advice and action if difficult or doubtful legal questions are involved, which, to safeguard the public, reasonably demand the application of a trained legal mind.

"Good moral character" includes qualities of honesty, fairness, candor, trustworthiness, observance of fiduciary responsibility, respect for and obedience to the laws, and respect for the rights of others and the judicial process.

"Mental illness, disease or disorder" includes mental or psychological conditions or disorders, such as, but not limited to, schizophrenia, paranoia, bipolar illness (manic depression), sociopathy or any other psychotic disorder.

"Currently" does not mean on the day of, or even in the weeks or months preceding the completion of the application. Rather, it means recently enough so that you believe that the mental condition may have an ongoing impact on your functioning as an attorney.

12.4 Have you been diagnosed or treated for a medically recognized mental illness, disease or disorder that would currently interfere with your ability to practice law? ☐ YES ☐ NO  
If YES, complete **FORM 4 and 5** and **ATTACH** copies of the pleading, allegations and judgment.

12.5 Have you ever been adjudged an incompetent or a conservatee? ☐ YES ☐ NO  
If YES, complete **FORM 4** and on a separate piece of paper state the question number and provide a narrative explanation. Give full details, including the name of the court, title, and name of the case, the date of the proceeding, the name and address of the institution and the inclusive dates you were adjudged either an incompetent or a conservatee.



## MILITARY SERVICE

→ ☐ PLACE AN X HERE IF YOU HAVE NOTHING NEW TO REPORT

- 13.1 Have you ever been a member of the armed forces of the United States, its reserve components or the National Guard? ☐ YES ☐ NO

If NO, proceed to the next page.

- ☐ I am presently a member of the armed forces. (Complete a. and b.)  
☐ I was a member of the armed forces. (Complete a. and c.)

**a.** Branch of service

Regular armed forces:

☐ Air Force ☐ Army ☐ Coast Guard ☐ Marine Corps ☐ Navy

Reserve components:

☐ Air Force ☐ Army ☐ Coast Guard ☐ Marine Corps ☐ Navy

National Guard:

☐ Air Force ☐ Army ☐ Coast Guard ☐ Marine Corps ☐ Navy

My serial number was/is: \_\_\_\_\_ My rank was/is: \_\_\_\_\_

Dates of service: From (Month/Year) \_\_\_\_\_ To (Month/Year) \_\_\_\_\_

From (Month/Year) \_\_\_\_\_ To (Month/Year) \_\_\_\_\_

- b.** For ACTIVE AND RESERVE PERSONNEL ONLY: Check one: ☐ Active ☐ Reserve

Present duty station \_\_\_\_\_

Address \_\_\_\_\_

- c.** While a member of the armed forces of the United States:

Did you receive an honorable discharge? ☐ YES ☐ NO\*

Were you ever court-martialed? ☐ YES\* ☐ NO

Were you allowed to resign in lieu of court-martial? ☐ YES\* ☐ NO

Were you administratively discharged? ☐ YES\* ☐ NO

Were you ever awarded non-judicial punishment? (Article 15 UCMJ) ☐ YES\* ☐ NO

*\* If you checked a box followed by an asterisk, on a separate sheet of paper provide a narrative explanation of the circumstances surrounding the occurrence.*

**If you are now separated from military service, attach a copy of DD Form 214 to the application.** Make sure the copy includes your "Type of Separation" and "Character of Service." This form may be acquired by writing to Military Personnel Records Center, 9700 Page Blvd., St. Louis, MO 63132. You are required to furnish a DD Form 214 or other report of separation. If you are advised by the Military Personnel Records Center that no such document exists, attach a copy of that notification to this application.

**NOTE:** Acquiring the DD Form 214 or other report of separation from the Military Personnel Records Center can be a time-consuming process. A delay in receiving these papers by the State Bar's Office of Admissions will delay the processing of your application.

## CHEMICAL DEPENDENCY

LIST ONLY NEW INCIDENTS OR INCIDENTS IN WHICH THERE HAS BEEN A CHANGE IN STATUS SINCE YOUR PREVIOUS APPLICATION. IF YOU DO NOT HAVE ANYTHING TO REPORT, PLEASE SO INDICATE.

→ ☐ PLACE AN X HERE IF YOU HAVE NOTHING NEW TO REPORT

In answering Questions 14.1, applicants should consider the following definitions for the words and phrases:

"Ability to practice law" includes performing services in a court of justice, in any manner, throughout its various stages and in conformity with adopted rules of procedure. In a larger sense it includes providing legal advice and counsel and the preparation of legal instruments and contracts by which legal rights are protected. Law practice may also include the resolution of legal questions for consumers by advice and action if difficult or doubtful legal questions are involved, which, to safeguard the public, reasonably demand the application of a trained legal mind.

"Good moral character" includes qualities of honesty, fairness, candor, trustworthiness, observance of fiduciary responsibility, respect for and obedience to the laws of the state and the nation and respect for the rights of others and for the judicial process.

"Chemical dependency" is to be construed to include abuse and excessive use, addiction to alcohol, drugs or medications.

"Currently" does not mean on the day of, or even in the weeks or months preceding the completion of the application. Rather, it means recently enough so that you believe that the use of drugs or alcohol may have an ongoing impact on your functioning as an attorney.

14.1 Have you been diagnosed or treated for a chemical dependency that would currently interfere with your ability to practice law? ☐ YES ☐ NO

If YES, complete **FORMS 4 and 6**. Make as many **COPIES of FORMS 4 and 6 as you need** to describe the problem.

## AUTHORIZATION AND RELEASE

IN RE APPLICATION OF

NAME: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_ FILE #: \_\_\_\_\_

I, \_\_\_\_\_, having filed an application with the Committee of Bar Examiners of the State Bar of California ("Committee"), hereby consent to have an investigation made as to my qualification for good moral character. **I have carefully read the questions in the foregoing application and have answered them truthfully, fully and completely, without mental reservations of any kind. I fully understand that failure to make a full disclosure of any fact or information called for may result in the denial of my application and receipt of an adverse moral character determination.** I therefore agree to give the Committee through the State Bar's Office of Admissions any further information which may be required in reference to such investigation. I understand that the contents of my moral character investigation are confidential and that I will not receive and am not entitled to have disclosed to me the information received or obtained during such investigation except as provided under California Evidence Code section 1040.

I also authorize and request each and every law school having control of any documents, records, or other information pertaining to me to (i) furnish such to the State Bar's Office of Admissions, as required by the Committee; (ii) permit the Committee or any of its agents or representatives to inspect and make copies of such documents, records and other information; (iii) answer any inquiries, questions or interrogatories concerning me which may be submitted by the Committee; and (iv) appear before the Committee and to give full and complete testimony concerning me, including any information furnished by me.

I further authorize all educational institutions and testing organizations to release to the Committee any information, files or records pertaining to me requested by the Committee in connection with any studies conducted by the Committee regarding the admission process.

I hereby release, discharge, and exonerate any law school, educational institution, or testing organization, any of their respective employees, agents and representatives, and any person or organization supplying requested documents, records, and other information pertaining to me from any and all liability of every nature and kind arising out of the furnishing of such documents, records and other information to the Committee.

I further authorize and request every person, firm, company, corporation, governmental agency, bank, credit company, instrumentality, law enforcement agency, court, association or institution having control of any other documents, records and other information pertaining to me (including any confidential or sealed records; files of bar associations or disciplinary pertinent data) to (i) furnish to the Committee any such information; (ii) permit the Committee or any of its agents or representatives to inspect and make copies of such documents, records and other information; (iii) answer any inquiries, questions, or interrogatories concerning me which may be submitted by the Committee; and (iv) appear before the Committee and to give full and complete testimony concerning me, including any information furnished by me.

I authorize the National Personnel Records Center, St. Louis, Missouri, or other custodian of my military records to release to the Committee information or photocopies from my military personnel and related medical records. This could include a photocopy of my DD Form 214, Report of Separation.

I understand that the fact that I am a California applicant will be communicated to other Bar admitting entities, as well as to the National Conference of Bar Examiners and by that agency to such other Bar admitting authorities as may inquire, and I further authorize the Committee to release any and all such materials submitted in support of this application to other Bar admitting entities and the National Conference of Bar Examiners for purposes of other moral character investigations pertaining to me.

I also understand that pursuant to Rule 4.42 of the *Rules of the State Bar of California*, I am under a continuing obligation to keep my application current and must update in writing my responses to the application whenever there is an addition to or change to information previously furnished the Committee.

I hereby release and exonerate the State Bar of California (including its Board of Governors, the Committee, members of the Committee of Bar Examiners, and officers, employees, agents and representatives of the State Bar) from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records, and other information pertaining to me or the moral character investigations made by or on behalf of the Committee.

For purposes of this release, the undersigned gives permission to use a photocopy of his/her signature on this form as an original signature.

**I hereby declare under penalty of perjury under the laws of the State of California that the answers and statements provided by me in the foregoing application are true and correct.**

Executed on \_\_\_\_\_  
(Date)

at \_\_\_\_\_  
(City and State)

\_\_\_\_\_  
(Print Name)

**SIGN HERE** \_\_\_\_\_  
(Signature of Declarant)

Note: Applications received more than 30 days after being signed will be returned as stale dated.

**DO NOT DETACH**  
**FORM 1 — RECORD OF CIVIL ACTIONS AND ADMINISTRATIVE PROCEEDINGS**

Name \_\_\_\_\_  
First Middle Last Social Security Number

Nature of case (e.g., small claims, divorce, personal injury, etc.) \_\_\_\_\_

Complete title of case \_\_\_\_\_

Court file number \_\_\_\_\_ Date Filed \_\_\_\_\_

Name of court \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Your position in case (e.g., plaintiff, defendant, cross-complainant, etc.) \_\_\_\_\_

Elaborate on the circumstances of the case \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Full name(s) and address(es) of plaintiff(s) and attorney(s)

Full name(s) and address(es) of defendant(s) and attorney(s)

Plaintiff \_\_\_\_\_

Defendant \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City State Zip

City State Zip

Attorney \_\_\_\_\_

Attorney \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City State Zip

City State Zip

Trial date \_\_\_\_\_

Date of final disposition \_\_\_\_\_

Disposition \_\_\_\_\_

\_\_\_\_\_

If the disposition resulted in a judgment, has the judgment been satisfied?

☐ YES ☐ NO

If YES, give the date the judgment was satisfied \_\_\_\_\_

If NO, what amount is still owing and why? \_\_\_\_\_

\_\_\_\_\_

**DO NOT DETACH**  
**FORM 2 — RECORD OF CRIMINAL CASES**

Name: \_\_\_\_\_  
First Middle Last Social Security Number

**INCIDENT**

Charge(s) at time of arrest: **Felony** ☐ **Misdemeanor** ☐

Charge(s) (e.g., petty theft): \_\_\_\_\_

Date of incident (or time period involved) \_\_\_\_\_

Location: \_\_\_\_\_  
City County State

**NARRATIVE**

Provide a detailed narrative of the circumstance surrounding the incident. If your answer needs more space, please attach a separate piece of paper.

**ARRESTING AGENCY**

Name of law enforcement agency: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Arresting Agency Report Number: \_\_\_\_\_

**COURT**

Name of court: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Title of complaint or indictment: \_\_\_\_\_

Court File Number: \_\_\_\_\_ Date first heard: \_\_\_\_\_ Date of final disposition: \_\_\_\_\_

Final disposition	CHARGE	SENTENCE
Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/>		
Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/>		

**Attach a copy of the arresting officer's report, complaints, indictment, trial disposition, sentence, appeal, probation report and certified copy of conviction, if any.**

**DO NOT DETACH**  
**FORM 3 — RECORD OF BANKRUPTCY OR INSOLVENCY**

Name: \_\_\_\_\_  
First Middle Last Social Security Number

Date of bankruptcy filed: \_\_\_\_\_

Complete title of action: \_\_\_\_\_

Court file number: \_\_\_\_\_

Name and complete address of court involved:

Name of court: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Brief description of circumstances surrounding filing petition for bankruptcy: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of final disposition: \_\_\_\_\_

Disposition: \_\_\_\_\_

\_\_\_\_\_

Were any adversary proceedings instituted?

☐ YES ☐ NO

Were there any allegations of fraud?

☐ YES ☐ NO

Were any debts not discharged? If YES, list them on a separate sheet of paper and include the current status of each debt, the amount still owing and the steps taken to make the amount current and/or the reason for nonpayment

☐ YES ☐ NO

If debts were reorganized under Chapter 13, when will the release be instituted? \_\_\_\_\_

**Attach the petition for bankruptcy, all schedules and statements filed with the bankruptcy petition, any objection or exemption to discharge filed by a creditor and the ruling thereon, and discharge from the bankruptcy court.**

**DO NOT DETACH**  
**FORM 4 — AUTHORIZATION TO RELEASE MEDICAL RECORDS**

Upon presentation of the original or a photocopy of this signed authorization,

I, \_\_\_\_\_, authorize  
*(Applicant's name)*

\_\_\_\_\_  
*(Name of institution or doctor)*

\_\_\_\_\_  
*(Address of institution or doctor)*

\_\_\_\_\_  
*(City, State and Zip Code of institution or doctor)*

to provide information, including copies of records, concerning advice, care or treatment provided to me without limitation relating to mental illness, use of drugs or alcohol, to representatives of the California Committee of Bar Examiners who are involved in conducting an investigation into my moral character for admission to practice law in the State of California. I understand that any such information as may be received will be reported only to the admitted authority.

I hereby release, discharge and exonerate the California Committee of Bar Examiners, its agents and representatives and

\_\_\_\_\_  
*(Name of institution or doctor)*

\_\_\_\_\_  
*(Address of institution or doctor)*

\_\_\_\_\_  
*(City, State and Zip Code of institution or doctor)*

its agents and representatives so furnishing information from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records and other information or the investigation made by the California Committee of Bar Examiners.

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Witness*

\_\_\_\_\_  
*Witness*



Name: \_\_\_\_\_

First	Middle	Last	
Social Security Number			

Name of attending physician: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of hospital or institution: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Type of problem: \_\_\_\_\_

Describe completely the diagnosis and treatment: \_\_\_\_\_

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slightly textured appearance and is set against a dark background.

Name: \_\_\_\_\_

First Middle Last Social Security Number

Name of attending physician: \_\_\_\_\_

Physician's current address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone ( ) \_\_\_\_\_

Name of hospital or institution: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone ( ) \_\_\_\_\_

Type of problem: \_\_\_\_\_

Describe completely the diagnosis and treatment: \_\_\_\_\_

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

## IMPORTANT

Before mailing your application, please check the following:

- ☐ Is the correct fee included?
- ☐ Copy of "Request for Live Scan Service" form which has been completed by the live scan operator **OR** Fingerprint cards?
- ☐ If applicable, are the identification boxes on the fingerprint cards **COMPLETED** in accordance with the instructions?
- ☐ Is each question answered fully and completely?
- ☐ Is the application signed?
- ☐ Are you mailing the application more than 30 days after you signed the declaration? The application must be received within 30 days of the date it is signed or it will be returned.
- ☐ Are all applicable forms completed and attached?

**SEE SECTION REGARDING "COMPLETION OF APPLICATION" IN THE INSTRUCTIONS.**

### OFFICE USE ONLY

- ☐ Wrong Form
- ☐ Pencil
- ☐ Application Not Signed
- ☐ Fingerprints Missing
- ☐ Fingerprint Card Incomplete
- ☐ Declaration Altered
- ☐ Don't Contact Notation
- ☐ References
- ☐ Form 1
- ☐ Form 2
- ☐ Form 3
- ☐ Form 4
- ☐ Form 5
- ☐ Form 6

☐ Checklist Completed

\_\_\_\_\_  
Initials and Date

### Payment Coupon

#### **PAYMENT COUPON 5**

#### **Extension of Determination of Moral Character**

Office of Admissions  
The State Bar of California  
1149 South Hill Street  
Los Angeles, CA 90015-2299

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Initial

\_\_\_\_\_  
Admissions File Number

**Application Fee: \$240.00**

TOTAL PAID: \_\_\_\_\_